

Healthy Days Measure (CDC HRQOL- 4)



We want to know more about how you see your overall health.
Please answer the following questions.

1. Would you say that in general, your health is:
(Circle the answer that best describes your health.)

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

2. Thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 days was your physical health **NOT** good? (Write a number from 0-30 in the space below)

Number of days: _____

3. Thinking about your **mental health**, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health **NOT** good? (Write a number from 0-30 in the space below)

Number of days: _____

4. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? (Write a number from 0-30 in the space below)

Number of days: _____

PATIENT SIGNATURE	PRINT NAME	DATE
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If reviewed by provider

PHYSICIAN/ARNP/PA SIGNATURE	PRINT NAME	NPI	DATE	TIME
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PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine
 Harborview Medical Center – Northwest Hospital & Medical Center
 Valley Medical Center – UW Medical Center
 University of Washington Physicians Seattle, Washington

WLMC HEALTHY DAY MEASURE (CDC HRQOL- 4)
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WHITE - MEDICAL RECORD